



# 2010 Employee Benefits

## *Medicare Part D Creditable Coverage Statement*

The City of Delray Beach's prescription drug coverage provided by CIGNA's HMO and Open Access Plan IS considered Creditable Coverage under Medicare Part D. The CIGNA Choice Fund Plan IS NOT considered Creditable Coverage under Medicare Part D. If you or your dependents are or will be eligible for Medicare, you may obtain more information by contacting Human Resources or reviewing your Employee Benefits Website.

## Table of Contents

Benefits Eligibility	Page 3
Qualifying Events	Page 3
Medical	Page 4
Health Reimbursement Account	Page 6
Healthy Awards	Page 7
CIGNA Care Network (CCN)	Page 9
Employee Assistance Program	Page 11
Health Advocate	Page 11
Dental	Page 12
Vision	Page 13
Pet Care Program	Page 13
Basic Life & AD&D	Page 14
Long Term Disability	Page 14
Supplemental Life	Page 15
Legal Club of America	Page 15
Aflac Voluntary Plans	Page 16
Flexible Spending Account	Page 16
Payroll Deductions	Page 17
Resources and Contacts	Page 18
Annual Disclosures	Page 19
Medicare Part D Notice	Page 20
Notes	Page 22

## Introduction

City of Delray Beach is pleased to offer a comprehensive benefits package to our employees. The benefits package includes, medical, dental, and vision coverage, legal consultation services, life and AD&D insurance, supplemental life insurance, disability insurance, Flexible Spending Accounts, Employee Assistance Program, patient advocate, and Pet care discount program. This *Employee Benefits* booklet provides you with a general summary of the benefits available to you and your eligible dependents during your eligibility period. Please refer to the carrier summaries and certificates of coverage for detailed coverage descriptions and provisions.

## Employee Benefits Website

You may access City of Delray Beach benefits website for additional benefit information, carrier links, provider network information and other important information. Please log in by using the following information to access the site.

Location: [www.mybenefitslink.com](http://www.mybenefitslink.com)  
USER NAME: Delray Benefits  
Password: mybenefits

# Enrollment Guidelines

City of Delray Beach's group insurance plan year is June 1st through May 31st. Benefit eligible employees are provided an opportunity to participate in the City's company sponsored benefits program after satisfying the new hire waiting period and annually during Open Enrollment. Enrollment and election changes during our open enrollment period will become effective on June 1. Please refer to the following guidelines regarding eligibility and election changes.

## Benefits Eligibility

### Employee Eligibility

You are eligible for coverage on the first of the month following 30 days from date of hire if you are a full-time employee regularly scheduled to work 37 or more hours per week.

### Dependent Eligibility—Medical Only

A dependent is defined as a covered employee's legal spouse, domestic partner or an unmarried dependent child of the employee or employee's spouse. Dependent children will be covered through the end of the calendar year in which they turn age 25, if they are financially dependent on the covered employee. A dependent child is defined as:

- A natural child
- A step-child
- A legally adopted child
- A child placed for adoption
- A child for whom legal guardianship has been awarded to the covered employee or the employee's spouse.
- Unmarried children of any age who become mentally or physically disabled before reaching the age limit

Optional dependent health insurance coverage is available for children ages 26 to 30 who meet special criteria. Please contact your Human Resources Department for more information.

### Dependent Eligibility—Dental Only

A dependent is defined as a covered employee's legal spouse, domestic partner or an unmarried dependent child of the employee or employee's spouse. Dependent children will be covered through the end of the calendar year in which they turn age 26, if they are a full-time student.

### Qualifying Events

Coverage elections made at Open Enrollment cannot be changed until the next annual Open Enrollment period. The only exception to this IRS Section 125 Rule is if you experience a "Qualifying Event." A Qualifying Event allows you to make a change to your benefit elections within thirty days of the Event.

Examples of Qualifying Events include, but are limited to:

- Marriage
- Divorce or legal separation
- Birth, adoption or legal custody of a dependent child
- Involuntary loss of other group insurance coverage
- Death
- Spouse's open enrollment

If you have a qualified status change, you must contact Human Resources within 30 days of the event to make changes to your benefit elections.



# Medical Insurance

## Provided by Cigna

Cigna is the exclusive medical healthcare carrier for the 2010 benefits year. City of Delray Beach offers employees four medical plan options. The Choice Fund Plan, HMO Network Core plan, HMO-Buy-Up Plan, and the Open Access Plan.

Both HMO plans are in-network only plans. The HMO Core plan requires that you select a primary care physician, while the HMO Buy-Up plan and the Open Access Plan are open-access and do not require you to select a Primary Care Physician (PCP) or obtain a referral to seek care from contracted specialists.

The Open Access plan also provides benefits when you seek care from Out-of-Network providers. While you have the flexibility of seeking care from non-contracted providers, your benefits will be reduced and the schedule of benefits may be subject to balance billing for charges over Cigna's Reasonable & Customary schedule.

The Cigna Choice Fund Plan combines a high-deductible health plan with a Health Reimbursement Account (HRA) funded by the City. The HRA fund helps pay for covered medical expenses.

When you enroll in the Cigna Choice Fund, you have the opportunity to earn rewards! More specifically, you can **earn credits that can be applied to your share of the deductible**. If you cover your spouse, he/she can also earn reward credits!

**The earned credits will be applied to your Health Reimbursement Account once you successfully accomplish each program, if applicable.**

### Incentive Credit Awards

- \$100 WebMD Tools
- \$50 Smoking Cessation
- \$50 Disease Management
- \$100 Get Fit
- Health Pregnancy/Babies \*

See page nine for more information.



You will receive maximum levels of benefits when you use Cigna preferred providers. You can locate a participating Cigna physicians by logging onto the City's benefits website; [www.mybenefitslink.com](http://www.mybenefitslink.com) or by contacting Cigna's Member Services or go directly to their website at [www.Cigna.com](http://www.Cigna.com). When seeking care from a specialist, you will maximize your savings by choosing a Specialist from the Cigna Care Network. For more information on the CIGNA Care Network, see page 6.

**When conducting a provider search, please refer to the following network:  
Network Name: OAP Network**

\*CYD (Contract Year Deductibles) must be met before coinsurance applies.

\*\*Out-of-Network charges are subject to deductible and Usual, Reasonable & Customary (UCR) charge limitations.

\*\*\*Except if not a true emergency, then the out-of-network co-insurance after the CYD applies.

<b>Plan</b>
Network Access
Network Name
Primary Care Physician Election
Specialist
<b>Contract Year Deductible</b> (June 1, 2010 – May 31, 2011)
Individual / Family
<b>Physician Office Services</b>
Primary Care Physician (PCP)
Specialists Office
Preventative Care
<b>Hospital / Facility Services</b>
In-Patient
Out-Patient Hospital / Surgical Facility
Physician Services at Hospital & ER
MRI, CT Scans, PET Scans
Ambulance
Emergency Care
Urgent Care
Independent lab & X-Ray
<b>Contract Out of Pocket Maximum</b>
Individual/Family
Includes Deductibles
Includes Prescriptions
Lifetime Maximum Benefit (Plan Pays)
<b>Pharmacy</b>
Preventative Medications
Generic
Brand Name
Non-Formulary / Non Preferred
Mail Order Pharmacy (90 day supply)

# Medical Insurance

Choice Fund Plan		HMO Network Core Plan	HMO– Buy Up Plan Network Open Access	Open Access Plan (OAP)	
In-Network	Out of Network	In-Network	In-Network	In-Network	Out-of-Network
Open Access Plus		Network	Network	Open Access Plus	
Not Required		Required	Not Required	Not Required	
Open Access		Referral	Open Access	Open Access	
<b>Your Responsibility</b>		<b>Your Responsibility</b>	<b>Your Responsibility</b>	<b>Your Responsibility</b>	
\$ 1,000 / \$ 2,000	\$ 2,000 / \$ 4,000	\$ 1,000 / \$ 2,000	N/A	\$ 250 / \$ 500	\$ 500 / \$ 1,000
<b>Your Responsibility</b>		<b>Your Responsibility</b>	<b>Your Responsibility</b>	<b>Your Responsibility</b>	
10% after CYD*	40% after CYD**	\$ 25 Copay	\$ 15 Copay	\$ 20 Copay	30% after CYD**
10% after CYD* / 20% after CYD* Non-CCN	40% after CYD**	\$ 40 CCN / \$ 60 Non-CCN	\$ 30 Copay / \$ 50 Non-CCN	\$ 30 Copay / \$ 50 Non-CCN	30% after CYD**
No Charge	40% after CYD**	Office Visit Copay	Office Visit Copay	Office Visit Copay	30% after CYD**
<b>Your Responsibility</b>		<b>Your Responsibility</b>	<b>Your Responsibility</b>	<b>Your Responsibility</b>	
10% after CYD*	40% after CYD**	10% after CYD*	\$ 500 Per Admit	10% after CYD*	\$ 500 + 30% after CYD**
10% after CYD*	40% after CYD**	10% after CYD*	\$ 250	10% after CYD*	30% after CYD**
10% after CYD*	40% after CYD**	10% after CYD*	No Charge	10% after CYD	
10% after CYD*	40% after CYD**	10% after CYD*	\$ 150	10% after CYD	
10% after CYD*	10% after CYD**	10% after CYD*	No Charge	10% after CYD*	10% after CYD**
10% after CYD*	10% after CYD**	\$ 250	\$ 200	10% after CYD*	10% after CYD**
10% after CYD*	40% after CYD***	\$ 75	\$ 50	10% after CYD*	10% after CYD***
10% after CYD*	40% after CYD**	No Charge	No Charge	10% after CYD*	30% after CYD**
<b>Your Responsibility</b>		<b>Your Responsibility</b>	<b>Your Responsibility</b>	<b>Your Responsibility</b>	
\$2,500 / \$5,000	\$5,000 / \$10,000	\$ 4,000 / \$ 8,000	\$ 2,000 / \$ 4,000	\$ 2,000 / \$ 4,000	\$ 2,000 / \$ 4,000
Yes		Yes	N/A	Yes	
Yes		No	No	No	
\$5,000,000		\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	
<b>Your Responsibility</b>		<b>Your Responsibility</b>	<b>Your Responsibility</b>	<b>Your Responsibility</b>	
Covered 100%	Not Covered	N/A	N/A	N/A	N/A
30% after CYD*	Not covered	\$ 15 Copay	\$ 10 Copay	\$ 10 Copay	30% after CYD**
40% after CYD*	Not covered	\$ 30 Copay	\$ 25 Copay	\$ 20 Copay	30% after CYD**
50% after CYD*	Not covered	\$ 50 Copay	\$ 50 Copay	\$ 50 Copay	30% after CYD**
Same as Above	N/A	2 x Copay	2 x Copay	2 x Copay	N/A

# Health Reimbursement Account Combined with the Choice Fund Plan

## How your CIGNA Choice Fund Health Reimbursement Account (HRA) works

**What is an HRA?** HRA stands for Health Reimbursement Arrangement. It combines traditional medical and pharmacy coverage with a fund established by your employer. It consists of these key components:

- An annual health fund established by your employer which pays for eligible medical expenses.
- Your share, an amount you pay each year to satisfy the deductible after the fund dollars are used.
- The health plan, with an annual out-of-pocket maximum on the amount you pay, once the deductible is met.

Here's how it works....

YOUR HEALTH FUND (HRA)	YOUR SHARE	YOUR MEDICAL PLAN
<p>Your employer establishes an annual health fund (HRA). This fund is available to pay for covered medical expenses. The amount used from your fund helps you meet your annual deductible.</p> <p>Whatever you don't use in a given year can be rolled over to the next and added to your employer's contribution with an accumulation cap of \$2,000 for an individual and \$4,000 for family.</p> <p><b>The City of Delray Beach funds,</b></p> <p>\$750 for Employee Only Coverage \$1,500 for Family Coverage</p>	<p>A deductible is the amount of eligible expense a covered person must pay each year from his/her own pocket before the plan will make payment for eligible benefits.</p> <p>Once you meet your deductible, you pay pre-determined amounts called coinsurance</p> <p>Coinsurance is the portion of covered health care costs for which a covered person has a financial responsibility.</p> <p><b>Deductible</b></p> <p>\$1,000 for Employee Only Coverage \$2,000 for Family Coverage</p>	<p>Your medical plan covers in-network preventative care at 100%.</p> <p>Your medical plan has a built-in safety feature called an out-of-pocket maximum.</p> <p>Once you meet your out-of-pocket maximum (which includes your deductible and Co-insurance), your plan pays covered medical expenses at 100% for the remainder of the contract year.</p> <p><b>Out of Pocket Maximum</b></p> <p>\$2,500 for Employee Only Coverage \$5,000 for Family Coverage</p>

## Health Reimbursement Account Claim Reimbursement Process

1. Individual goes to an In-Network Doctor
2. Individual presents Choice Fund ID card
  - Identifies "Choice Fund Open Access Plan
  - Doctor does NOT collect \$ from individual
3. Doctor's Office Bills CIGNA
4. CIGNA Healthcare receives bill, re-prices and determines individual's obligation under the medical plan
5. CIGNA Healthcare automatically forwards the individual's obligation to Choice Fund HRA for payment
6. Explanation of Payment sent to individual
7. Choice Fund HRA tracking via quarterly Health Statement and myCIGNA.com

When you use up the dollars in your HRA Fund, it's your turn to pay for your health care expenses up to the contract year Out of Pocket Maximum.

# CIGNA Choice Fund<sup>®</sup>

## Healthy Awards Account<sup>®</sup>

### Promote healthy behaviors with financial incentives?

The City of Delray Beach cares about your health and wants to help you get healthy and stay healthy. And now they are offering extra rewards to help you get there. The CIGNA Choice Fund Healthy Awards Account offers you the opportunity to earn money for taking charge of your health. When you participate in various company-sponsored health and wellness activities, you'll earn points. Your points can be redeemed for valuable rewards.

### How it works

When you and or your dependents participate in certain health and wellness activities, you'll automatically receive "points." The more you do, the more you earn.

Points are awarded to you once you've completed the required activities for any of the following programs:

- \$100 WebMD Tools
- \$50 Smoking Cessation
- \$50 Disease Management
- \$100 Get Fit

### Healthy Pregnancy / Babies

- \$150 if CIGNA is contacted within 1st the trimester
- \$75 if CIGNA is contacted within the 2nd trimester

### Getting Started is Easy

Just log in to myCIGNA.com from any computer with Internet access. Click on the "My Health" tab. Then, click on the program link, "Start Earning Rewards Today", found in the upper right-hand column.

### On your Incentive Points website, you can:

- View a list of eligible activities, respective milestones and points available upon completion
- View the rewards available to you and required points for redemption
- Check and track your completed milestones and points balance
- Find detailed instructions on getting started and how to earn and redeem points

Then it's up to you.

### Start Earning Today

Get healthy. Stay healthy. Earn points. Get rewards. Do something good for yourself and get something great in return. It doesn't get much better than that.

For more information or help setting up your account, visit myCIGNA.com, click on the "My Health" tab and select "Start Earning Rewards Today." Or call the CIGNA Customer Service number found on the back of your CIGNA ID card.



# How to Access your Healthy Awards Accounts

**Go to** My Accounts  
**Click on** View Healthy Awards Balances & Transaction History

**My Plans – Accounts**

**My Accounts**

- > **View HRA and Healthy Award Balances & Transaction History**  
View your balance & transaction history for your Health Reimbursement Arrangement (HRA) Healthy Awards Accounts
- > **HRA Overview**  
Understand how your Choice Fund HRA works
- > **Healthy Awards Overview**  
Understand how your Choice Fund Healthy Awards Account works

**Get a** Summary of how much you earned, what funds you've used and what's left

11/07/2009 Accounts Benefits Print Log Out

Welcome Jane Smith

**Summary Information for Coverage Period** 01/01/2008-12/31/2008

**Account Details**  
 247047-HAALP-LA-001  
 Plan Type: (Medical, Dental)

Total Amount			
Accounts	From Employer (YTD)	Amount Used (YTD)	Available Balance
Healthy Awards Account	\$0.00	\$0.00	\$0.00

Total Incentives			
	Earned (Lifetime)	Amount Used (YTD)	Available Balance
Healthy Awards Account	\$0.00	\$0.00	\$0.00

**Total Amount from Employer (YTD)** is the amount your employer added to the account, in addition to the rewards you earn. **Total Incentives Earned (Lifetime)** is the rewards you've earned since enrolling in a Healthy Awards Account. **Amount Used (YTD)** is how much has been paid from your account this year. **Available Balance** is the amount still available. To learn more about the programs available or review a list of completed programs, visit [My Awards Programs](#).

You've had claims paid from your account. How do you track your award dollar balance? View your last 10 transactions and see how your award dollars are applied. You can research up to 3 months worth of transactions at one time.

**Click on** View Healthy Awards Balances & Transaction History  
**Click on** the Claim History tab  
**Click on** a Claim # link to receive the full details of a particular claim

Accounts Benefits Print Log Out

Claims History Details

Up to Last 10 Transactions

Patient Name	Claim #	Adjusted Claim #	Claim Type	Date of Service	Amount Processed	Amount Paid	Employee Responsibility	St
JANE SMITH	<a href="#">07285601450031</a>		Medical	09/18/2007	\$436.68	\$400.00	\$36.68	
JANE SMITH	<a href="#">07209301450031</a>		Prescription	12/27/2006	\$265.28	\$261.84	\$3.44	
JANE SMITH	<a href="#">069856450031</a>		Prescription	12/26/2006	\$13.89	\$13.89	\$0.00	
JANE SMITH	<a href="#">07285954450031</a>		Prescription	11/01/2006	\$20.27	\$20.27	\$0.00	
JANE SMITH	<a href="#">06748523992246X2</a>		Medical	10/26/2006	\$175.00	\$175.00	\$0.00	

"CIGNA," "CIGNA HealthCare" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. and Great-West Healthcare of California, Inc. In Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.



# CIGNA Care Network®

## What Is the CIGNA Care Network?

The CIGNA Care Network is a program that identifies participating doctors in 21 different specialties who meet or exceed specific quality and cost-efficiency criteria for performance. The CIGNA Care designation provides you with important information to consider when you are selecting a specialist such as experience, quality, cost, and location.

Allergy/Immunology  
Cardiology  
Cardiothoracic Surgery  
Colon and Rectal Surgery  
Dermatology  
Ear, Nose and Throat  
Endocrinology  
Gastroenterology

General Surgery  
Hematology/Oncology\*  
Infectious Disease  
Nephrology  
Neurology  
Neurosurgery  
Obstetrics/Gynecology  
Ophthalmology

Orthopedics and Surgery  
Pulmonary Medicine  
Rheumatology  
Urology  
Vascular Surgery

*\*Does not include radiation oncology.*

## How are specialists evaluated?

- First, we determine that the specialist meets our criteria for treating a minimum of episodes of care for individuals covered by CIGNA in one of the 21 specialties.
- We evaluate the specialists using five quality indicators created or endorsed by third-party health organizations including the National Council for Quality Assurance (NCQA), American College of Surgeons (ACS) Bariatric Surgery Center Network (BSCN) and American Board of Internal Medicine.
- Based on our claims data, we then evaluate certain specialists using quality measures created or endorsed by the Ambulatory Care Quality Alliance (AQA), National Quality Forum (NQF), and Healthcare Effectiveness Data Information Set (HEDIS), or developed by physician organizations. These measures cover specialties that include cardiology, endocrinology, obstetrics/gynecology, pulmonology, and gastroenterology.
- Finally, we assess the doctor's relative efficiency by comparing the doctor's costs to others in similar specialties. We look at the entire cost for a specific illness (including costs for hospital, prescriptions, laboratory tests, x-rays, etc).

## How will it help me?

**Focus on quality and efficiency.** The CIGNA Care designation distinguishes participating doctors based on specific quality and efficiency measures. Generally, those doctors who perform in the top third for efficiency receive the CIGNA Care designation. The CIGNA Care designation focuses on quality and efficiency because the bottom line is not dollars and cents; it's getting you healthy and keeping you that way. In the long run, quality care often can be less expensive.

**Information to help you decide.** You have a lot to think about when choosing a specialist — experience, quality, location and cost, to name a few. Our provider directories (available online and in print) list all participating CIGNA doctors and clearly show which have the CIGNA Care designation. The online directory also included additional information on cost and quality. (See example on back.)

**Lower out-of-pocket costs.** When you receive covered services from CIGNA Care designated specialists, you receive the in-network benefit level and your copays or coinsurance may be lower than the standard in-network benefit.



It's time to feel bet-

Showing 10 providers Condition: Knee Pain/Swelling Location: Within 25.0 miles of 06029 Show 10 Go

Provider Name	CIGNA Care Designation	Address Phone	Group Practice(s)	Distance	Specialty	Quality Distinctions	Cost Value Rating
<input type="checkbox"/> Skeleton, Endo, MD	Yes	100 Street Avenue Anywhere, CT 12345 (123) 456-7890	Skeleton Medical Associates	9.2 Miles <a href="#">Map</a>	Hematology Internal Medicine Oncology		★★
<input type="checkbox"/> Marrow Molly, MD	Yes	1 Main Street Anywhere, CT 12345 (123) 100-0000		9.5 Miles <a href="#">Map</a>	Gastroenterology General Practice Internal Medicine		★★★
<input type="checkbox"/> Patella, Peter, MD	Yes	200 Street Avenue Anywhere, CT 12345 (123) 200-1234	Statewide Medical Group	15.7 Miles <a href="#">Map</a>	Endocrinology And Metabolism Internal medicine		★★★
<input type="checkbox"/> Peds, Otto, MD	Yes	5 Main Street Anywhere, CT 12345 (123) 456-7890	United Medical Group, Inc.	15.8 Miles <a href="#">Map</a>	Endocrinology And Metabolism Internal medicine		★★★

**Compare Selected**  
Select all least 2 Providers

This Physician Quality and Efficiency Profile reflects a partial assessment of quality and cost efficiency based on the criteria described below. It should not be used as the sole basis for decision-making, as such measures have a risk of error. We encourage you to consider all relevant factors and consult with your treating physician as you select a specialist for your care.

**Ratings Key.**

- CIGNA Care Designation
- ★★★ Top Score for Cost Efficiency Measures
- ABIM Practice Improvement Module
- NCQA Recognized
- Adherence to Evidence Based Medicine Standards with performance in approximately the top 33% of practices in the physician's geographic market.
- Meets the CIGNA Group Board Certification Criteria

- Provider Name**  
Lists local physicians treating the condition.
- CIGNA Care Designation**  
The CIGNA Tree of Life identifies specialists with the CIGNA Care Designation
- Quality Distinctions**  
Provides industry-defined quality measurements.
- Cost Value Rating**  
Compares selected physicians on quality and cost.

Your benefits for covered services depend on your choice of specialist.

Type of Specialist	Credentialed by CIGNA?	Meets Care designation criteria?	Level of coverage	Your Copay or Coinsurance Level
CIGNA Care designated specialist	Yes	Yes	In-network	Lower than standard in-network
CIGNA participating specialist not designated as a CIGNA Care specialist	Yes	No	In-network	Standard
Out-of-Network specialist (if your plan covers out-of-network care)	No	No	Out-of-network	Highest

**A doctor's CIGNA Care designation may change.**

In general, CIGNA re-evaluates health care professionals once each year. Before visiting a specialist, always check your provider directory to find out if the doctor is a CIGNA Care designated specialist. You will find the latest information on myCIGNA.com.

"CIGNA," "CIGNA HealthCare" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. and Great-West Healthcare of California, Inc. In Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.





# Employee Assistance Program (EAP)

Provided by United Healthcare

Do ever feel the need to speak to a trained professional with regard to a family matter, stress at work, or a personal problem of any kind? With CignaBehavioral, you have access to free counseling and support services available to you and everyone in your household. Whether it's a simple question, a sudden emergency, or an ongoing problem, you can contact a trained professional with just one phone call, at any hour of the day or night. All services are free, confidential, accessible 24/7, and available to your dependents and all members of your household.

Call 1-888-371-1125 to speak to someone today, or log onto [www.cignabehavioral.com](http://www.cignabehavioral.com).

Forms)

- Find a Provider
- Take a Provider Satisfaction Survey
- VT Hospital Pricing and Financial Report
- Contact Us

You do NOT need to log in to access the Provider Directory, Self-assessment, or Claim Forms. Your Employer ID is typically the company name of the company YOU WORK FOR, but without the spaces and in lowercase. Example: xyzcorporation

Employer ID:

As of 1/15/2008, a PIN is no longer required to log in to the site.

Don't know your Employer ID? Call CIGNA eCommerce Customer Service toll-free at 1.888.259.6279.

### 10-Second Guide to Your EAP/Behavioral Benefits

Here is how to access your Employee Assistance Program (EAP) and behavioral benefits.

#### What Benefits Do I Have?

To see which benefits you have, please log in and click on "Look Up Your Benefits." To log in, enter your employer ID in the lower left-hand corner of this page.

#### EAP Counseling Benefits

You may be eligible for counseling sessions at no cost through your Employee Assistance program.

To access your EAP counseling benefits, you need to get authorization before your in-person appointment (telephone appointments do not require authorization, but they can be scheduled online). You can do this online by logging in and clicking on "Look Up Your Benefits" link on left-hand side of the page. Then, click on "EAP" on the left side of the screen.

#### Behavioral Benefits

For routine, outpatient behavioral service, you do not need to get authorization. Simply log in and find "Find a Provider" link on left-hand side of the screen.

You can log in by entering your employer ID in it

#### Cost and Quality Comparisons for CIGNA Members

For additional benefit information or for cost and quality comparisons, log in to

Recovering from a Traumatic Event

Living Healthy and Well

Basics of H1N1

Nueva Gripe H1N1 (Gripe Porcina)

Coping with a Layoff

Returning Military Resources

CIGNA's Pandemic Influenza Planning

Past Topics...

Log in using City of Delray Beach name

Home Member Home Search Tuesday, February 23, 2010

## For Members

### Disaster Resource Center

The materials on this site were selected to help people cope with a variety of disasters, crises, and challenging situations. As such, much of the material may help you and your family to prepare for or respond to an influenza threat or outbreak. Click here to explore these resources.

#### What does well-being mean to you?

Well-being: It's a feeling that you're in control. A sense that even if things aren't going your way now, they will be soon. It's the belief that the glass is half-full, not half-empty. It's shown in your ability to handle the daily stress of modern life.

We're here to give you the insight you need to get the most from life. To do that, you've got to be able to:

- access Healthy Rewards® - discounts to health services and products

Current Topics

- Tips for Healthy Eating
- Powering Up Your Positive Thinking
- After a Disaster - Self-Care Strategies
- Recovering from a Traumatic Event
- Living Healthy and Well
- Basics of H1N1
- Nueva Gripe H1N1 (Gripe Porcina)
- Coping with a Layoff

## Health Advocate 1-866-695-8622

As an employee of City of Delray Beach, you and your family are automatically enrolled in Health Advocate. Health Advocate is an independent company comprised of health care professionals, such as, nurses, doctors, psychologists, etc., who are knowledgeable of the ins and outs of the health care industry. Their sole purpose is to assist you with personal support when you encounter a health care or health insurance-related issue. And best of all, you work with the same Personal Health Advocate throughout the process.

Health Advocate can help you:

- Understand your benefit plan provisions and features
- Untangle insurance claims
- Find the best doctors and hospitals
- Navigate healthcare issues
- Assist with eldercare issues
- Correct balance-billing problems



### Health Advocate helps you make more Informed decisions

Health Advocate is not a nurse hotline for emergencies, nor does it deliver medical care or tell you what to do. Instead qualified individuals will use their expertise in the health field and knowledge of providers across the country to assist you in making choices concerning your health situation.

### Some reasons to call Health Advocate

- You need help identifying the best physician or hospital for your illness or medical condition.
- You want to better understand your illness and haven't had enough time with your provider to ask all your questions.
- You have insurance claims and/or billing issues.
- You need help with a medical issue regarding your parent or your spouse's parent.
- You need assistance with some prescription drug issues.

*If you have an issue related to health care, you have a reason to call Health Advocate.*

# Dental Insurance

## Provided by Humana/Comp Benefits Insurance



Humana/Comp Benefits is The City of Delray Beach's exclusive dental carrier. Humana/Comp Benefits offers three dental plan options. Two DMO plans and a PPO plan. The DHMO CS150 requires that you select a primary care dentist and referrals for specialist care. / The DHMO Advantage is open access and does not require the selection of a primary care dentist or referrals to specialist. The PPO plan provides benefits for both In-Network (contracted PPO dentist) and Out-of-Network (non-contracted dentist.) You will maximize your benefits and minimize your out of pocket expenses when you seek care from a contracted dentist.

When you choose a dentist outside of the Humana/Comp Benefits PPO network, your out-of-pocket costs may be higher and you may be subject to "balance billing" for provider fees that exceed the contracted or Usual Customary & Reasonable (UCR) fees allowed by the Humana/Comp Benefits contract. You can locate participating (In-Network) dental providers by visiting the City of Delray Beach benefits website at [www.mybenefitslink.com](http://www.mybenefitslink.com) or Humana/Comp Benefits at [www.Humana/Comp Benefits.com](http://www.Humana/Comp Benefits.com).

Plan Type	DHMO (CS150)	DHMO Advantage	PPO - Elite Preferred 505	
Network Access	In-Network	In-Network	In-Network	Out-of-Network
Specialist Access	Referral	Open Access	Open Access	
Network Name	Florida C/CS Series	Advantage	PPO	
Calendar Year Maximum	N/A	N/A	\$ 1,000	
	<b>Your Responsibility</b>	<b>Your Responsibility</b>	<b>Your Responsibility</b>	
Individual Deductible	N/A	N/A	\$50	
Family Deductible	N/A	N/A	\$150	
<b>Dental Description</b>				
<b>Preventive - Type I</b>			Deductible Waived for Type 1	
Office Visit	\$5	\$10	0%*	0%**
Routine Oral Exam	No Charge	No Charge	0%*	0%**
Teeth Cleaning (once/6months)	No Charge	No Charge	0%*	0%**
X-ray (Bitewings)	No Charge	No Charge	0%*	0%**
<b>Basic Services - Type II</b>				
Fillings	No Charge	\$24-\$56	20%*	20%**
Simple Extractions	\$0-\$85	\$20-\$106	20%*	20%**
Scaling & Root Planning	\$50	\$21-\$39	20%*	20%**
<b>Major Services - Type III</b>				
Crowns/Inlays/Onlays	\$15-\$280	\$187-\$473	50%*	50%**
Bridge, Denture Repair	\$15-\$50	\$57-\$486	50%*	50%**
Endodontics (root canals)	\$35-\$250	Covered under Basic Services	50%*	50%**
<b>Orthodontia</b>				
Evaluation	\$35	\$35	Not Covered	
Treatment Planning	\$250	\$250		
Treatment (Child up to 19)	\$1,800	\$2,100		
Treatment (Adult 19 years or older)	\$1,800	\$2,300		
<b>Lifetime Maximum</b>	No Maximum	No Maximum		

\*After Calendar Year Deductible (CYD).

\*\*Out of Network charges are subject to Usual, Reasonable & Customary (UCR) / MAC charge limitations and CYD (except preventative) as well as balance billing.



## Vision Coverage

Provided by Humana/CompBenefits

CompBenefits is The City of Delray Beach's vision provider. The CompBenefits plan provides benefits in and out-of-network. You will receive the maximum level of benefits when you access care and obtain vision hardware from in-network (participating) providers. When you seek care from a non-contracted provider, you will receive a reimbursement allowance toward your care and hardware.

For a listing of participating providers, visit The City of Delray Beach's benefits website at [www.mybenefitslink.com](http://www.mybenefitslink.com) or CompBenefits directly at [www.Humana/CompBenefits.com](http://www.Humana/CompBenefits.com).

Network Access	In-Network	Out-of-Network
Eye Exam Office Visit	\$10 Office visit Copay	Up to \$35 Allowance
Frequency	12 Months	
<b>Materials</b>		
<b>Lenses (Standard Plastic)</b>		
Single Vision	\$25 Copay	Up to \$25 Allowance
Bifocals	\$25 Copay	Up to \$40 Allowance
Trifocals	\$25 Copay	Up to \$60 Allowance
Frequency	12 Months	
<b>Frames</b>		
Selected Frames	\$120 Allowance, 20% off balance over \$120	Up to \$48 Allowance
Frequency	24 Months	
<b>Contacts</b>		
Fit and Follow Up	<b>Standard:</b> Up to \$40 Allowance <b>Premium:</b> 10% off retail price	N/A
Elective	\$135 allowance, 15% off balance over \$135	Up to \$95 Allowance
Medically Necessary Contacts	Covered in full	Up to \$200 Allowance
Frequency	12 Months	



## Pet Care Program

Administered by Pet Assure

Pet Assure is a discount program that enables members to receive discounts and savings on pet medical care, products and maintenance supplies, and many services catering to pets. Once enrolled you will need to submit a pet enrollment form to Pet Assure by faxing to 877/788-7387 or register online at [www.petassure.com](http://www.petassure.com). If you should have any questions, please contact Pet Assure's Customer Service at 888/789-7387 (PETS).

- Immediate savings of 25% on veterinary medical care
- 5-35% savings on pet products and supplies
- 10-35% savings on pet services such as boarding, grooming, training, etc.

The cost for this benefit is \$9.00 per month, or \$4.15 per pay period. Every pet in your household is covered, regardless of age, breed, or any pre-existing/hereditary conditions.

## Life and AD&D Insurance



### Provided by The Hartford

As an employee of The City of Delray Beach who is eligible for benefits you automatically have a Basic Life and AD&D Benefit paid for 100% by The City. The amount of your benefit is determined by your employee classification. See schedule below for benefit amount: Please remember to update your Beneficiary when necessary.

City of Delray Beach also provides Accidental Death & Dismemberment (AD&D) at no cost to you. This benefit pays in addition to the Basic Life Insurance when death occurs as a result of an accident. The AD&D benefit amount matches the Basic Life Benefit amount and a partial benefit is also payable based on the schedule below.

Class	Class Description	Benefit Amount
Class 1:	City Manager, Assistant City Managers, City Attorney & Department Heads	\$150,000
Class 2:	Assistant Department Heads, Police Legal Advisors, Assistant City Attorney, Division Heads, Battalion Chiefs and Police Lieutenants all earnings \$75,000 or more annually	\$100,000
Class 3:	Assistant Department Heads, Police Legal Advisors, Assistant City Attorney, Division Heads, Battalion Chiefs and Police Lieutenants all earning less than \$75,000 annually	\$75,000
Class 4:	P.B.A. employees who are subject to a collective bargaining agreement	\$40,000
Class 5:	I.A.F.F. employees who are subject to a collective bargaining agreement	\$40,000
Class 6:	S.E.I.U. employees who are subject to a collective bargaining agreement earning \$25,000 or more annually	\$40,000
Class 7:	S.E.I.U. employees who are subject to a collective bargaining agreement earning less than \$25,000.	\$25,000
Class 8:	Employees earning \$60,000 or more annually, excluding employees on the above classes.	\$75,000
Class 9:	Employees earning between \$40,000 and less than \$60,000 annually, excluding employees on the above classes.	\$60,000
Class 10:	Employees earning less than \$40,000 annually, excluding employees in the above classes	\$40,000

## Long Term Disability Insurance



### Provided by The Hartford

As an eligible employee of The City of Delray, you are automatically enrolled into a Long Term Disability (LTD) Plan provided through Hartford Life. If you become ill or injured outside of work and are unable to work for a period of 60 days, you will receive a benefit equal to 60% of your monthly earnings up to a maximum of \$5,000 a month. You must be employed for 1 month prior to being eligible for LTD and if you return to work part-time after the disabling event, a partial LTD benefit may be payable.



## Supplemental Life Insurance

Provided by The Hartford Life Insurance

**Supplemental Life Insurance for You:** As an eligible employee of The City, you have the option of applying for Supplemental Life Insurance for yourself, your spouse and your children available through Hartford Life. As a newly eligible employee, you may apply for up to 5 times your annual salary to a maximum of \$500,000, rounded up to the next \$1,000 with a Guaranteed Issue of the lesser of 3 times your salary or \$200,000.

**Supplemental Life Insurance for Your Spouse:** You may apply for spouse coverage with options of \$15,000, \$25,000, \$50,000, \$75,000, or \$100,000, not to exceed more than 50% of the amount you apply for on yourself, with a Guaranteed Issue amount of \$50,000. Guaranteed Issue means you cannot be turned down for this amount, regardless of any medical issues you may have. If you wish to apply for more than the Guaranteed Issue, an "Evidence of Insurability" form must be completed.

**Supplemental Life Insurance for Your Child(ren):** You can apply for life insurance for your children, as long as you applied for coverage for yourself, for the following amounts:

\$1,000 – children between ages of 2 weeks to 6 months

\$10,000 – children between the ages of 6 months to 19 years (25 for full time student)

Rates are \$1.80 per month per family, regardless of the number of children covered

*Rates are listed below and are based on the employee's date of birth:*

Employee's Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	\$.07	\$.06	\$.07	\$.13	\$.20	\$.33	\$.53	\$.86	\$1.12	\$1.76	\$3.11	\$5.19

How to calculate your bi-weekly payroll deduction:

$$\frac{\text{Benefit Amount}}{\div \$1,000} = \text{Number of Payments} \times \frac{\text{Rate}}{\text{Rate}} = \text{Monthly Cost} \times 12 = \text{Annual Cost} \div 26 = \text{Your bi-weekly cost}$$

Example: a 36 year old employee who elects and qualifies for \$50,000 of life insurance coverage would pay \$3.00 per pay period:

\$50,000	÷ \$1,000 =	50	x	\$.13	=	\$ 6.50	x 12 =	\$78.00	÷ 26	\$ 3.00
Benefit Amount				Rate		Monthly Cost		Annual Cost		Your bi-weekly cost



## Legal Program

Provided by Legal Club of America

Once you become a member of Legal Club of America you will have access to professionals in the following areas:

**Free and Discounted Legal Care** – Unlimited from the nation's largest network of plan attorneys; includes a reduced hourly rate of \$75.00 for extended care.

**Free Tax Preparation and Advice** – Toll free access to CPA's who will provide members with free, unlimited tax advice and free tax return preparation.

**Identity Theft Solutions** – Members will have toll free access to paralegals who will assist them with the process of preventing ID theft and/or restoring it to its pre-theft state.

**Financial Education & Credit Counseling Services** – Unlimited, free non-biased financial information and decision-making assistance, 24/7 access to online chat and web portal.

**LifeEvents Counseling** – Life Events members have toll-free 24/7, 365 day access to advocates who provide personal consultation services.

The cost for this benefit is \$14.00 per month, or \$6.46 per pay period. This cost includes coverage for you, your spouse (or domestic partner), dependent children under age 25, and any dependent individuals living in the plan member's home such as a parent or grandparent. If you are interested in enrolling into this benefit, please be sure to indicate this in the Legal Club of America Section of the Open Enrollment Election Form.

## Voluntary AFLAC

### Provided by Aflac



Provides cash benefits that can be used to help with deductibles, copayments, medical cost above what is reasonable and customary, travel-related treatment expenses, everyday living obligations, loss of income, etc.

AFLAC offers the following benefits on a voluntary basis:

- *Personal Cancer Indemnity Plan* – A Cancer Indemnity Insurance Plan
- *Personal Disability Income Protector* – Short Term Disability Insurance Policy
- *Personal Accident Indemnity Plan* – Accident-Only Insurance
- *Personal Sickness Indemnity Plan* – Hospital Confinement Sickness Indemnity Limited Benefit Policy
- *Hospital Protection* – Hospital Confinement Indemnity Insurance
- *Specified Health Event Protection* – Specified Health Event Insurance
- *Life Protector* – Life Insurance



## Flexible Spending Accounts (FSA)

### Administered by Aflac

### Flexible Spending Accounts



The City offers Flexible Spending Accounts (FSA) to all eligible employees on a voluntary basis. FSA's allow you to set aside money from your paycheck through pre-tax payroll deductions to cover your out-of-pocket health care and dependent care expenses. At the beginning of each plan year, you elect a specific dollar amount for each FSA you wish to participate in. You may contribute a maximum of \$5,000 annually for the Healthcare FSA, and up to an annual maximum of \$2,500 if you file a single tax return, or \$5,000 if you are married and filing a joint tax return for eligible children and adults.

Please refer to the FSA Participant Handbook for additional information regarding FSA's, including a list of eligible expenses and ineligible expenses. You can locate this handbook by logging onto [www.mybenefitslink.com](http://www.mybenefitslink.com) and entering in user ID: Delray Benefits, password: mybenefits





# Employee Deductions

## Bi-Weekly Payroll Deductions

Medical Coverage	CIGNA Choice Fund Plan	CIGNA HMO Core Plan	CIGNA HMO Buy-Up Plan	CIGNA Open Access Plan
Employee Only	\$ 00.00	\$ 00.00	\$ 29.14	\$116.58
Employee + Spouse	\$ 84.06	\$ 96.75	\$183.02	\$454.46
Employee + Child(ren)	\$ 68.63	\$ 77.49	\$155.04	\$393.03
Employee + Family	\$137.26	\$164.17	\$280.95	\$669.48

Dental Coverage	DHMO (CS150)	DHMO Advantage	PPO Plan
Employee Only	\$ 7.38	\$ 7.71	\$14.17
Employee + 1 Dependent	\$14.03	\$14.80	\$27.17
Employee + 2 or more Dependents	\$18.54	\$24.47	\$44.34

Vision Coverage	Humana / CompBenefits
Employee Only	\$2.27
Employee + 1 Dependent	\$4.42
Employee + 2 or more Dependents	\$6.34

Legal Club of America	Amount
Coverage Cost	\$6.46

Pet Assure	Amount
Coverage Cost	\$4.15

## Resources and Contacts



Resource / Service Provider	Contact Source	Details
Human Resources	Human Resources Department 100 NW 1st Avenue Delray Beach, FL 33444	Phone: (561) 243-7154 Fax: (561) 243-7082
MyBenefitsLink	Employee Benefits Website Web Address User Name Password	<a href="http://www.mybenefitslink.com">www.mybenefitslink.com</a> Delray benefits mybenefits
Cigna (CIGNA)	Group number Member Services CIGNA website	3208016 800-244-6224 <a href="http://www.Cigna.com">www.Cigna.com</a>
Health Advocate	Member Services Health Advocate website	866-695-8622 <a href="http://www.healthadvocate.com">www.healthadvocate.com</a>
Humana/CompBenefits Dental	Group number Member Services Humana/Comp Benefits website	CD5004 800-342-5209 <a href="http://www.Humana/Comp_Benefits.com">www.Humana/Comp_Benefits.com</a>
Humana/CompBenefits Vision	Group number Member Services CompBenefits website	VS1228 800-865-3676 <a href="http://www.Humana/Comp_Benefits.com">www.Humana/Comp_Benefits.com</a>
Hartford Life	Life, Supplemental Life, Short Term & Long Term Disability Member Services Hartford Website	GL- 675335 800-331-7234 <a href="http://www.hartford.com">www.hartford.com</a> / <a href="http://www.estateguidance.com/wills">www.estateguidance/ com/wills</a>
Flexible Spending Accounts	Aflac Member Services Aflac Website	877-353.9487 <a href="http://www.aflac.com">www.aflac.com</a>
Legal Club of America	Legal Services Plan Customer Services Legal Club Website	City of Delray Beach 800-305-6816 <a href="http://www.legalclub.com">www.legalclub.com</a>

**HIPAA Special Enrollment Rights** – If you are declining enrollment for yourself or your dependents (including you spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, a special enrollment period provision is added to comply with the requirements of the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009. If you or a dependent is covered under a Medicaid or CHIP plan and coverage is terminated as a result of the loss of eligibility for Medicaid or CHIP coverage, you may be able to enroll yourself and/or your dependent(s). However, you must enroll within 60 days after the date eligibility is lost. If you or a dependent becomes eligible for premium assistance under an applicable State Medicaid or CHIP plan to purchase coverage under the group health plan, you may be able to enroll yourself and/or your dependent(s). However, you must enroll within 60 days after you or your dependent is determined to be eligible for State premium assistance. Please note that premium assistance is not available in all states.

**Medicaid and the Children's Health Insurance Program** - If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

**Michelle's Law** – The law allows for continued coverage for dependent children who are covered under your group health plan as a student if they lose their student status because of a medically necessary leave of absence from school. This law applies to medically necessary leaves of absence that begin on or after January 1, 2010.

If your child is no longer a student, as defined in your Certificate of Coverage, because he or she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges, universities, some trade schools and certain other post-secondary institutions).

Your employer will require a written certification from the child's physician that states that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

**Pre-existing Conditions Limitations Notice** – If you or your family members are enrolling for the first time and have a break in medical coverage more than 63 days over the last 12 months, pre-existing condition limitations may apply to the health plan. A more detailed explanation of pre-existing condition provisions is available in the carrier's Member Certificate of Coverage or by calling Member Services.

**Section 111** – Effective January 1, 2009 Group Health Plans are required by Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. The mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help establish who pays first. The mandate requires Group Health Plans to collect additional information, more specifically Social Security Numbers for all enrollees, including dependents six months of age or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

**Women's Health and Cancer Rights Act of 1998** – The medical plans provide benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy, including lymph edema.



### Important Notice from The City of Delray Beach About

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The City of Delray and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Delray Beach has determined that the prescription drug coverage offered by Cigna's HMO and Open Access Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

---

#### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15<sup>th</sup> through December 31<sup>st</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current The City of Delray Beach coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current The City of Delray Beach coverage, be aware that you and your dependents may not be able to get this coverage back.

#### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with The City of Delray Beach and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.



### Important Notice from City of Delray Beach About

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

#### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Delray Beach changes. You also may request a copy of this notice at any time.

#### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

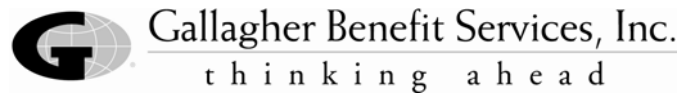
Date: June 1, 2010  
Name of Entity /Sender: The City of Delray Beach  
Contact--Position/Office: Human Resources Department  
Address: 100 NW 1st Avenue, Delray Beach, FL 33444  
Phone Number: (561) 243-7154







This summary has been prepared by:



The information in this guide is a summary of the benefits available to you and should not be intended to take the place of the official carriers' Member Certificates or our plan's Summary Plan Descriptions (SPD) located on your Benefits Website. This guide contains a general description of the benefits to which you and your eligible dependents may be entitled as a fulltime employee. This guide does not change or otherwise interpret the terms of the official plan documents. To the extent that any of the information contained in this guide is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases and the plan documents and carrier certificates will prevail.

City of Delray Beach reserves the right, in its sole and absolute discretion, to amend, modify or terminate, in whole or in part, any or all of the provisions of the benefit plans.